

RECOGNIZING THE CONTRIBUTIONS OF THE CHIAPAS MISSION FOR SIGHT

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from New Jersey (Mr. PALLONE) is recognized for 5 minutes.

Mr. PALLONE. Mr. Speaker, I rise before you this evening in recognition of the extraordinary work and tireless efforts of Dr. Tracey Lewis, Dr. Judith Simon and the Chiapas Mission for Sight.

Dr. Tracey Lewis, in particular, is a constituent in my district, a dear friend as well as an exemplary individual, and she has chosen to lend her expertise and talent towards a very noble cause. I urge my fellow colleagues to take a moment to acknowledge the invaluable service that the Chiapas Mission for Sight has offered to countless individuals in one particular developing region of the world.

The Chiapas Mission for Sight aims to provide primary eye care and surgery to the native Indian living in Ocoatepec, Chiapas, Mexico. Thus far, they have completed three successful missions, and as a direct result, hundreds of individuals in dire need of eye care and treatment have received proper medical attention. Originally a branch of the Chiapas Project of Newton, New Jersey, and funded in part by the Rotary Club of Newton, this year the ophthalmology group has grown and formed its own mission dedicated solely to vision care.

The group's focus is providing medical service to the population of Ocoatepec and the surrounding villages, which exceeds 1 million people. Of this population, many suffer from blinding cataracts, which is a problem inherent to Ocoatepec and its surrounding villages, because of the exposure to significant sunlight and very poor nutrition. The nearest town, Tuxtla, Gutierrez, is a 4-hour drive, and sadly, the natives of the village earn less in 1 year than what it would cost to travel to Tuxtla to undergo cataract surgery.

Oftentimes short-staffed, with donated medical and surgical supplies, the volunteers work around the clock to provide the natives the medical attention they so desperately need. Lack of funding has not deterred Tracey Lewis or the organization what it can to accomplish its goals. In fact, every doctor and most of the volunteers cover their own expenses, making their mission all the more charitable. On the last mission, the group examined over 400 patients with significant eye disease, and due to limitations in staffing, surgery was triaged and performed only on those fully blind in both eyes.

Currently, the Chiapas Mission is seeking volunteers who will be trained to perform vision screening and assist in the operating room. These volunteers will travel with the group and serve as assistants to the doctors.

In this remote region, plagued by poor hygiene and lack of proper medical and dental care, Tracey Lewis has

quickly realized that a little does go a very long way. Inspired to take on this cause by her 9-year-old son, Tracey has demonstrated a remarkable ability to not only take on such a Herculean challenge, but to enthrall so many volunteers to do the same.

Today, as we discuss health disparities within the United States, it is imperative that we are also aware of the stark disparities between our country and regions around the world. In this age of scientific discovery and medical advancements, it is unfortunate that those in developing countries are not able to reap the benefits of modern medicine.

As we in Congress hear about these numerous volunteers that travel to remote villages and devote themselves to the restoration of vision to the blind people living there, let us rededicate ourselves to ensuring that every man, woman and child all around the world, including the United States, not go another day without proper primary care and adequate medical assistance.

Mr. Speaker, once again, I commend the Chiapas Mission for Sight as it provides a shining example of the impact individuals can make through self-sacrifice and goodwill. Assisting those living in poor conditions with critical medical treatment truly demonstrates what can be done through benevolence and hard work.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Connecticut (Mrs. JOHNSON) is recognized for 5 minutes.

(Mrs. JOHNSON of Connecticut addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

WORLD AIDS CONFERENCE

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. LEE) is recognized for 5 minutes.

Ms. LEE. Mr. Speaker, last week I had the opportunity to attend the 15th International AIDS conference in Bangkok, Thailand, my third conference since I have been in this body. As the only Member of Congress to attend this incredibly important event, I want to take a few minutes this evening to brief my colleagues and the American public about my experience.

Each time I have returned from one of these conferences, I am quite frankly filled with great hope but also a very profound realization of just how much it is that we have left to do.

Having spent a few days last week among the international leaders on the global pandemic, I can tell you that the international community is very, very disappointed by the rate of progress, to put it mildly, about the United States' failure to deliver on projected funding and programs. In fact, that point was unfortunately reinforced by Secretary Tommy Thomp-

son's decision to allow a delegation of only about 50 people from his Department of Health and Human Services to attend the World AIDS Conference this year, down from about 236, 2 years ago, when we held the conference in Barcelona, Spain.

It is shameful that they have prevented many of our very best and brightest scientists at the Centers for Disease Control and the National Institutes of Health from gaining new insights from their colleagues in the international community. It is also tragic that this administration's unilateralist and ideological tendencies have now spread to the fight against HIV/AIDS. It is morally wrong to allow right-wing ideology to trump science when it comes to the administration's HIV/AIDS prevention policies.

Their policies set aside 33 percent of all funding for abstinence-only programs which deny access to lifesaving education and technology, including condoms. Simply put, this is irresponsible. It is unethical and it is inhumane.

I believe it is unethical because their AIDS treatment policies are really focused more on protecting patents and big pharmaceutical companies rather than the urgent need to get fixed-dose combinations into the hands of those who need them, 98 percent, 98 percent of whom lack access to treatment. The emphasis should be on saving lives.

It is disingenuous that the administration has proposed cutting our support for the Global Fund by over 60 percent this coming fiscal year, proposing a measly contribution of \$200 million rather than the \$1.2 billion that is needed. We need to encourage the sharing of information by our scientists and researchers.

We need to do a lot better with coordinating our bilateral programs with national governments, the NGO community, and our field missions.

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We need to simplify our antiretroviral treatment programs by purchasing fixed dose combinations, drugs that are already available; and we must standardize our treatment programs according to the wishes of each individual country.

We have to fund the fund.

Although I applaud the gentleman from Arizona (Chairman KOLBE) and the gentlewoman from New York's (Ranking Member LOWEY) efforts in doubling the administration's request for funding for the Global Fund by providing \$400 million, I was disappointed last week when a point of order was raised with regard to an amendment which I offered which actually killed an amendment that would have raised our contributions to \$1.2 billion this year, which is what we need to get started.

The fund is the very best way to get the money out into the hands of the NGO community immediately. It takes a multilateral approach, and it has the